

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001257

1. Entity Name

MOBILE BUSINESS ASSOCIATION, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 16 PM 12:20

Principal Place of Business

1126 SOUTH FEDERAL HIGHWAY, SUITE 259
FT. LAUDERDALE FL 33316

Mailing Address

1126 SOUTH FEDERAL HIGHWAY, SUITE 259
FT. LAUDERDALE FL 33316-1257



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1700 S.E. 9th ST

3. Mailing Address

1130 HIGHTOWER TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft Lauderdale

City & State

ATLANTA, GA

4. FEI Number

65-0909867

Applied For

Not Applicable

Zip

33316

Country

USA

Zip

30350

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FEUER, LOUIS

1934 NORTHWEST 167TH AVENUE
PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent

Name

EDWARD C. CONRAD

Street Address (P.O. Box Number is Not Acceptable)

1700 S.E. 9th ST

City

FT LAUDERDALE

FL

Zip Code

33316

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-10-00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

2/24/00

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME FEUER, LOUIS
STREET ADDRESS 1334 NORTHWEST 167TH AVENUE
CITY-ST-ZIP PEMBROKE PINES FL 33028

☒ Delete

TITLE MGR
NAME EDWARD C CONRAD
STREET ADDRESS 1700 S.E. 9th ST
CITY-ST-ZIP FT LAUDERDALE, FL 33316

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

200003152072--7
-02/29/00--01084--009
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

2-10-00 954-523-4542

CR2E083 (9/99)